

CLINICAL PRACTICE ALERT

December 2005

EMERGENCY CONTRACEPTION (EC)

The intent of Family PACT is to promote optimal reproductive health and reduce unintended pregnancy by lowering barriers to obtaining family planning services. Emergency Contraception (EC), including progestin only/combined oral contraceptive pills (OC) and the ParaGard® intrauterine contraceptive (IUC), is an effective intervention to prevent unintended pregnancy after unprotected sexual intercourse. Oral EC can be provided with an accepted regimen of combined OCs or preferably with a prepackaged product such as Plan B® (Levonorgestrel). This clinical alert replaces the July 2001 EC Alert.

KEY POINTS

- **EC provision is very time sensitive and is most effective the sooner it is administered after unprotected intercourse. Providers should offer oral EC as soon as possible, but administration should be no later than 120 hours after the latest episode of unprotected intercourse. Advanced provision of EC is the best way to provide timely access to EC.**
- **Both doses of Plan B can be taken simultaneously, as an alternative to each dose being given 12 hours apart, with better efficacy and no increased side effects. OCs offered as EC must be given as two doses 12 hours apart of ethinyl estradiol with either levonorgestrel or norgestrel.**
- **Advanced provision of oral EC should be offered to all women using reversible methods of contraception especially barrier methods. A negative pregnancy test when pregnancy is not desired represents an additional opportunity to discuss advanced provision of oral EC.**

Questions and Answers

Is a history and physical exam required before dispensing oral EC?

No. A comprehensive health history or physical examination is not required for administration of oral EC. However, contraceptive counseling is encouraged as part of the provision of EC.

Does advanced provision of oral EC increase risky sexual behavior or lessen the likelihood of use of effective contraceptive use?

No. Well designed clinical studies have disproved these concerns. Advance provision has been shown in clinical studies to increase actual EC usage, with no decrease in the ongoing use of effective contraception or an increase in STI rates.

Does the use of EC cause abortion?

No, use of EC does not cause an abortion because it works before implantation occurs. If a woman already is pregnant, EC will not cause a miscarriage or birth defects. By preventing pregnancy, EC reduces the need for induced abortion.

Can EC be prescribed to clients under age 18?

Yes. Consent is required only from the individual client receiving family planning services, including minors who have the legal right to self-consent for pregnancy-related services. California law does not require parental notification or consent for the provision of contraception (including EC) to minors.

Which OCs can be used for EC?

Only OCs containing levonorgestrel or norgestrel + ethinyl estradiol in doses equivalent to the original Ovral regimen should be used. For example, Nordette must be used as 4 tablets per dose and Alesse as 5 tablets per dose.

Are there any restrictions on the dispensing of oral EC under Family PACT?

Yes. EC is available only to female clients under all primary diagnostic (S) codes except S60 (pregnancy testing). Additionally, reimbursement will be provided for 2 packets per month per client of Plan B with no more than 6 packets per year per client.

Can intrauterine contraceptives (IUC) be used as EC?

ParaGard® (T380 Intrauterine Copper Contraceptive) can be used as EC if the client desires to continue the IUC for long-term contraception. ParaGard® may be relied upon as EC up to 8 days after unprotected intercourse. The Mirena® Intrauterine System should not be used as EC, as there are no studies to support its use in this circumstance. IUCs should not be used *solely* for the purpose of EC.

How else can clients get EC?

State regulations allow pharmacists to dispense EC without a prescription after a brief interview with the client. Pharmacists may charge a consultation fee of up to \$10. Family PACT will cover the cost of EC for enrolled clients but not the consultation fee. Clients should call ahead to the pharmacy to verify that the pharmacy/pharmacist participates in the program. Participating pharmacies can be located via www.ec-help.org.

RESOURCES FOR INFORMATION ON EMERGENCY CONTRACEPTION

- Emergency Contraception Hotline: 1 888 NOT 2 Late or <http://ec.princeton.edu/>
- Association of Reproductive Health Professionals: <http://www.arhp.org/healthcareproviders/resources/ecresources/index.cfm>
- ACOG practice bulletin. Emergency oral contraception. Number 25, March 2001. American College of Obstetricians and Gynecologists
- Raine TR, Harper CC, Rocca CH, et al. Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs: a randomized controlled trial. JAMA. 2005 Jan 5;293 (1):54-62.
- EC Pharmacy Program: www.ec-help.org
- Von Hertzen H, Piaggio G, Ding J, et al. WHO Research Group on Post-ovulatory Methods of Fertility Regulation. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. Lancet. 2002 Dec 7;360(9348):1803-10

Application of Family PACT Standards

The Family PACT Standards are parameters for expected provider performance, service delivery and quality improvement activities for providers.

Application of Family PACT Standards:

1. Informed Consent

- All clients shall be advised of the availability of EC and offered this option in a non-coercive manner. Consent shall be voluntary and the client may withdraw this consent at any time.
- Parental consent is not required for provision of EC to minors.
- The consent process for EC shall be provided verbally in language understood by the client and supplemented with written materials.

2. Confidentiality

- EC services shall be provided in a manner that respects the privacy and dignity of the individual client.

3. Access to Care

- EC shall be provided without cost to all female Family PACT clients.
- The provision of EC is a time sensitive service. Providers should offer oral EC as soon as possible, but administration should be no later than 120 hours after the latest episode of unprotected intercourse. Advanced provision of EC is the best way to provide timely access to EC.

4. Availability of Covered Services

- Oral EC shall be available and dispensed onsite or by prescription through a pharmacy, including Plan B and combination or progestin only oral contraceptives.
- IUC services may be provided onsite or by referral. The enrolled provider shall have an established and timely referral arrangement with the other provider(s) when making referrals for these procedures.

5. Scope of Clinical and Preventive Services

- While pregnancy testing should not be routine, it should be available when medically indicated as part of EC provision either on site or by referral to a laboratory.
- Medical record documentation shall support services claimed for reimbursement.

6. Education and Counseling Services

- All staff performing education and counseling services shall be knowledgeable about EC and the policies for use under the Family PACT Program.
- Specific instructions for the use of EC shall be provided both verbally and in written form. The client should be given the opportunity to ask questions and discuss personal concerns about EC.
- Documentation of the education and counseling pertaining to EC must be documented in the medical record in order to be reimbursed for services. This shall include, but is not limited to, those topics listed in the standards.

Program Policy

This alert provides an interpretation of the Family PACT Standards for integration of Emergency Contraception into current practice: minimum service delivery requirements for EC. Providers should refer to the Family PACT *Policies, Procedures and Billing Instructions* for the complete text of the Family PACT Standards, official administrative practices and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term “shall” indicates a program requirement; the term “should” is advisory and not required.